

DUPLICATING REQUEST				REQUISITION NO.												
ADMINISTRATION				DATE OF REQUISITION		DUE DATE										
REQUISITIONED BY (NAME)				ROUTING SYMBOL		BUILDING		ROOM NO.		TELEPHONE						
DUPLICATING INSTRUCTIONS								NO. OF PAGES		QUANTITY						
PAPER	KIND Text C.W. Writing 40 lb.				COLOR				SIZE <input type="checkbox"/> SIZE 8 1/2 X 11 <input type="checkbox"/>							
	Cover Vellum 100 lb.								COST							
PAPER-(INK-BLACK)	<input type="checkbox"/> One side only <input type="checkbox"/> Head to head <input type="checkbox"/> Head to foot <input type="checkbox"/> Head to left															
GATHER	<input type="checkbox"/> As paged <input type="checkbox"/> Other (Specify)															
STITCH	NO. OF STAPLES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Side <input type="checkbox"/> Upper left <input type="checkbox"/> Top															
DRILL	DIAMETER				NO. OF HOLES <input type="checkbox"/> 2 <input type="checkbox"/> 3				INCHES Ctr. to Ctr.				POSITION <input type="checkbox"/> Left <input type="checkbox"/> Top			
DISPOSITION	<input type="checkbox"/> Pickup <input type="checkbox"/> Mail messenger															

SPECIAL INSTRUCTIONS

SIGNATURE (Approving Officer)

Date

Received by

(Signature)

Date

DUPLICATING REQUEST				REQUISITION NO.							
ADMINISTRATION				DATE OF REQUISITION		DUE DATE					
REQUISITIONED BY (NAME)				ROUTING SYMBOL		BUILDING		ROOM NO.		TELEPHONE	
DUPLICATING INSTRUCTIONS						NO. OF PAGES		QUANTITY			
PAPER		KIND		COLOR		SIZE					
		Text C.W. Writing 40 lb.				<input type="checkbox"/> SIZE 8 1/2 X 11 <input type="checkbox"/>					
		Cover Vellum 100 lb.				COST					
PAPER-(INK-BLACK)		<input type="checkbox"/> One side only		<input type="checkbox"/> Head to head		<input type="checkbox"/> Head to foot		<input type="checkbox"/> Head to left			
GATHER		<input type="checkbox"/> As paged		<input type="checkbox"/> Other (Specify)							
STITCH		NO. OF STAPLES		<input type="checkbox"/> Side		<input type="checkbox"/> Upper left		<input type="checkbox"/> Top			
		<input type="checkbox"/> 1 <input type="checkbox"/> 2									
DRILL		DIAMETER		NO. OF HOLES		INCHES Ctr. to Ctr.		POSITION			
				<input type="checkbox"/> 2 <input type="checkbox"/> 3				<input type="checkbox"/> Left <input type="checkbox"/> Top			
DISPOSITION		<input type="checkbox"/> Pickup <input type="checkbox"/> Mail messenger									
SPECIAL INSTRUCTIONS				SIGNATURE (Approving Officer)				Date			

Received by

(Signature)

Date

DUPLICATING REQUEST				REQUISITION NO.							
ADMINISTRATION				DATE OF REQUISITION		DUE DATE					
REQUISITIONED BY (NAME)				ROUTING SYMBOL		BUILDING		ROOM NO.		TELEPHONE	
DUPLICATING INSTRUCTIONS						NO. OF PAGES		QUANTITY			
PAPER		KIND		COLOR		SIZE					
		Text C.W. Writing 40 lb.				<input type="checkbox"/> SIZE 8 1/2 X 11 <input type="checkbox"/>					
		Cover Vellum 100 lb.				COST					
PAPER-(INK-BLACK)		<input type="checkbox"/> One side only		<input type="checkbox"/> Head to head		<input type="checkbox"/> Head to foot		<input type="checkbox"/> Head to left			
GATHER		<input type="checkbox"/> As paged		<input type="checkbox"/> Other (Specify)							
STITCH		NO. OF STAPLES		<input type="checkbox"/> Side		<input type="checkbox"/> Upper left		<input type="checkbox"/> Top			
		<input type="checkbox"/> 1 <input type="checkbox"/> 2									
DRILL		DIAMETER		NO. OF HOLES		INCHES Ctr. to Ctr.		POSITION			
				<input type="checkbox"/> 2 <input type="checkbox"/> 3				<input type="checkbox"/> Left <input type="checkbox"/> Top			
DISPOSITION		<input type="checkbox"/> Pickup <input type="checkbox"/> Mail messenger									
SPECIAL INSTRUCTIONS				SIGNATURE (Approving Officer)				Date			

Received by

(Signature)

Date

DUPLICATING REQUEST				REQUISITION NO.							
ADMINISTRATION				DATE OF REQUISITION		DUE DATE					
REQUISITIONED BY (NAME)				ROUTING SYMBOL		BUILDING		ROOM NO.		TELEPHONE	
DUPLICATING INSTRUCTIONS						NO. OF PAGES		QUANTITY			
PAPER		KIND		COLOR		SIZE					
		Text C.W. Writing 40 lb.				<input type="checkbox"/> SIZE 8 1/2 X 11 <input type="checkbox"/>					
		Cover Vellum 100 lb.				COST					
PAPER-(INK-BLACK)		<input type="checkbox"/> One side only		<input type="checkbox"/> Head to head		<input type="checkbox"/> Head to foot		<input type="checkbox"/> Head to left			
GATHER		<input type="checkbox"/> As paged		<input type="checkbox"/> Other (Specify)							
STITCH		NO. OF STAPLES		<input type="checkbox"/> Side		<input type="checkbox"/> Upper left		<input type="checkbox"/> Top			
		<input type="checkbox"/> 1 <input type="checkbox"/> 2									
DRILL		DIAMETER		NO. OF HOLES		INCHES Ctr. to Ctr.		POSITION			
				<input type="checkbox"/> 2 <input type="checkbox"/> 3				<input type="checkbox"/> Left <input type="checkbox"/> Top			
DISPOSITION		<input type="checkbox"/> Pickup <input type="checkbox"/> Mail messenger									
SPECIAL INSTRUCTIONS				SIGNATURE (Approving Officer)				Date			

Received by

(Signature)

Date